Testimony of Nancy George
President MICNP and APRN Coalition Chair
Before the
Michigan House of Representatives
Health Policy Committee
September 9, 2014

Good morning Chairwoman Haines and members of the committee. My name is Nancy George. I am a Family Nurse Practitioner, a faculty at Wayne State University's College of Nursing, the President of the Michigan Coalition of Nurse Practitioners, the chair of the Advanced Practice Registered Nursing Coalition, and I am representing over 5,500 Nurse Practitioners, Clinical Nurse Specialists and Certified Nurse Midwives in Michigan. With me today are my colleagues: Ms. Cathy Lewis, a Clinical Nurse Specialist and a Director of the Michigan Clinical Nurse Specialists organization and Ms. Barbara Lannen, a Certified Nurse Midwife and a representative of The Certified Nurse Midwives of Michigan. They will be happy to answer any questions regarding their specific roles following my testimony. My comments today will address how SB 2 would allow these Advanced Practice Registered Nurses to reduce the cost of health care, while improving the quality and access to care for the citizens of Michigan, and drive economic development throughout the state.

Licensure is a structure that determines the requirements and capabilities that an individual clinician can provide to the patient. The outmoded practice statutes is impacting business in Michigan, I have received an increasing number of phone calls from out-state corporations and Nurse Practitioners requesting clarification regarding authority to practice. All have been dismayed with the lack of full practice authority here. This lack of definition leaves Advanced Practice Registered Nurses, heath care systems and other organizations developing unnecessary 'oversight' and restrictions, fostering a practice environment that does not allow all Advanced Practice Registered Nurses to

practice to their full capabilities based on their education and national certification. Recently, *University of Missouri researchers reported in the Journal Nursing Outlook, when nurse practitioners practice to the fullest extent of their training, hospitalization rates are lower for residents of skilled nursing facilities. Full scope of practice also was associated with reduced hospitalization rates for patients receiving inpatient rehabilitation and people who are eligible for both Medicare and Medicaid.* Michigan's "Access to Care" and "cost" issues will not improve until we eliminate unnecessary restrictions and embrace the idea that we need to optimally utilize each and every health care provider to their full education, certification and nationally recognized scope of practice.

The current lack of a uniform model of regulation for Advanced Practice Registered Nurses in Michigan has created a significant barrier for Advanced Practice Registered Nurses to meet this increasing demand for health care providers, especially in rural and lower income areas. Senator Jansen's SB 2 has been modeled after what other states have already done to address "access to care" issues. In many other states the regulatory framework has evolved in step with Advanced Practice Registered Nurses expanding skills, education, training, and abilities. For example in Idaho, New Mexico or Vermont where a Nurse Practitioner have full practice authority they can order and interpret laboratory and other tests, diagnose and treat illness and injuries prescribe indicated medications, order or refer for additional services, admit and attend patients in a hospital or other facilities and get paid directly for their services. When these same Nurse

Practitioners moves to Michigan however, it is as if their competence has suddenly evaporated, and are suddenly faced with a need for delegated prescriptive authority, and the lack of prescribing provider name on the mediation labels.

Increasing the number of practicing Advanced Practice Registered Nurses in our state and allowing them to practice to the full extent of their education, certification and nationally recognized scope of practice would reduce the cost of health care in Michigan. A recent estimate projects underutilization of Nurse Practitioners costs the nation nearly $9 billion annually due to practice restrictions in state law and other denied access for consumers that are keeping the cost of basic health care inflated. A study conducted by the Florida state government estimated eliminating barriers and greater use of Nurse Practitioners (and Physician Assistants) could provide cost savings of $7 million to $44 million annually for Medicaid, $744,000 to $2.2 million for state employee health insurance, and $339 million across Florida's healthcare system. Further, studies that compare Advanced Practice Registered Nurses and Physicians show that Advanced Practice Registered Nurses prescribe fewer medications, order less expensive tests, and use lower costs treatments at comparable or better quality than Physicians. The use of Nurse Practitioners can also save money by reducing the direct and indirect costs of professional liability. For over 20 years, studies have shown that Nurse Practitioners do not increase liability claims or costs. Nurse Practitioners have remarkably lower rates of malpractice claims and lower costs per claim.

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The state of Michigan's need for primary care is going to increase significantly over the next decade. The U.S. lacks sufficient primary care providers in many parts of the country, including Michigan. It is estimated, that Michigan will have a shortage of 4,400 Primary Care Physicians and 4,000 Specialty Physicians by 2020. Currently, only 36% of active Physicians in our state practice primary care. In a survey by the Michigan Department of Community Health 48% of Physicians surveyed had nearly full practices, and approximately 11% no longer accepted new patients due to maximum patient-capacity. This makes keeping our highly trained and qualified Advanced Practice Registered Nurses in our state all the more important to help alleviate the looming primary care shortage Michigan is facing. It is a fact that states with less restrictive regulatory environments have higher numbers of health professionals for their patient population. States that have a favorable regulatory environment have an improved Nurse Practitioner to patient ratio. Currently, Michigan's ratio of Nurse Practitioner to patient is lower than the national average,, making Michigan ranked 47th out of 50 states and the District of Columbia. We can look to the headlines: *"New Mexico governor wants to recruit Oklahoma's nurse practitioners,"* to see how practice environments can be used to recruit Nurse Practitioners away from one state into another. The recent change in full practice autonomy in Nevada (2013) dramatically increased the numbers of Nurse Practitioner graduates staying to practice in Nevada from previous years. Their usual addition of 45-50 new Nurse Practitioner graduates/year prior to passage of the bill increased to 140 Nurse Practitioner graduates/year, who stayed in Nevada after passage of the bill. Arizona in a 2001 Workforce Report reported similar increases in the new

Nurse Practitioners staying in the state. Having an excellent practice environment goes a long way to creating a nurse friendly state that attracts and retains our brightest and finest Advanced Practice Registered Nurses.

Nineteen states and the District of Columbia have already granted full practice authority for Advanced Practice Registered Nurses, similar to the language in SB 2. That means Advanced Practice Registered Nurses practice under their own license and are accountable for the care they deliver. Several states have had full practice authority for well over 15 years, New Mexico-25 years, Vermont->18 years, and their statute is very similar to that of SB 2 and has had no negative implications for the citizens or their Physician colleagues practice.

Full practice authority does not negate collaborating rather, Advanced Practice Registered Nurses, like other health professionals, practice under our own license and are accountable for their care they provide. Collaboration is viewed as a professional ethic for every licensed health care provider including Advanced Practice Registered Nurses, Physicians, Physician Assistants, and Pharmacists—and one that cannot be regulated in statue. The American Medical Association Journal of Ethics in 2013 concluded that the Physician in the discussed case study "...should be commended for his concern about patient care quality and safety, but his assertion that Nurse Practitioners cannot provide safe or quality care is unfounded," because Nurse Practitioners and Certified

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Nurse Midwives practice has been under the research microscope for over 45+ years and have shown to have equal or superior outcomes to their physician colleagues. In fact, Advanced Practice Registered Nurses are in the forefront in examining models of team-based care, which is a multidisciplinary, non-hierarchical collaboration of various professionals centered on a patient's needs. For example Wayne State University College Nursing and Grand Valley State University, Kirchhoff School of Nursing in partnership with Michigan Department of Community Health has a federally funded initiative aimed at reducing obesity through a nurse led team-based model of care. Team-based care is not a licensure concept. There are various team-based models being tested across the nation what is clear from these models is that individual clinician licensure should not be linked to a team structure in order to perform acts within ones professional discipline. Team-based care should be centered on a patient's needs and should not be thought of as the domain of one profession over another, and putting language into statute stymies innovation.

Recent reports by the Institute of Medicine (IOM) have identified a key role for Advanced Practice Registered Nurses in improving the delivery of health care. The Institute of Medicine provides expert advice to policy makers and the public and has conducted an intensive examination of issues surrounding advanced registered nursing practice. Among other things, the Institute of Medicine found that Advanced Practice Registered Nurses play a key role in improving access to health care and that "restrictions on scope of practice . . . have undermined [nurses'] ability to provide and improve both

general and advanced care." In addition, the Federal Trade Commission has also endorsed defining scope of practice legislation for Advanced Practice Registered Nurses, noting that such legislation can benefit consumers by increasing access to quality health care and reducing costs. The Federal Trade Commission is urging state legislators and policy makers to be mindful when evaluating proposals that limit access to care provided by Advanced Practice Registered Nurses.

SB 2 is a gold standard of licensure regulation by allowing full practice authority within an APRN's scope of practice, but does not change statute language regarding third-party reimbursement, nor mandate reimbursement rates from insurers, or dictate employment agreements. Further, the bill also does not allow for Advanced Practice Registered Nurses to open up their own independent private practice or "hang their own shingle". Thank you for your time and the opportunity to speak. My colleagues and I are happy to answer any questions you may have.